|  |             | R REIMBURSEMENT<br>EXPENDITURES   | DEPARTMENT OR ESTABLIS   | TMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE |                    |                | 2. VOUCHER NUMBER |      |             |            |     |  |
|--|-------------|---|--|--|--------------------|----------------|-------------------|------|-------------|------------|-----|--|
| ON OFFICIAL BUSINESS   |             |   |  |  | 3. SCHEDULE NUMBER |                |                   |      |             |            |     |  |
|  |             | Read the Privacy Act  | Statement on the back of the   | nis form.  |                    | 5. PAID        | BY                |      |             |            |     |  |
| 4 a. NAN   | ΛΕ (Last, i | first, middle initial)  | Statement on the back of the   | b. SOCIAL SECURITY                                 |                    |                |                   |      |             |            |     |  |
| 4. C. IVANE (East, mot, made mile)   |             |   |  | D. SOCIAL SECURIT NO.                              |                    |                |                   |      |             |            |     |  |
| c. MAILING ADDRESS (Include ZIP Code)  |             |   |  |  |                    |                |                   |      |             |            |     |  |
|  |             |   |  | d. OFFICE TELEPHO                                  |                    |                |                   |      |             |            |     |  |
| CL/  |             |   |  |  |                    |                |                   |      |             |            |     |  |
| 6. EXPE  | NDITUF      | RES (If fare claimed in col. (g) e claimant.)   | exceeds charge for one per   | rson, show in col. (h) t                           | he number o        | of addition    |                   |      |             | anied      | the |  |
| DATE  Show appropriate code in col. (b):  C A - Local travel   |             |   |  |  | MILEAGE<br>RATE    | AMOUNT CLAIMED |                   |      |             |            |     |  |
| 19   | 0           | <ul><li>B - Telephone or telegraph, o</li><li>C - Other expenses (itemized)</li></ul> | r<br>()  |  | Ć Ć                | MILEAG         | :                 | ARE  | ADD<br>PER- | TIPS .     |     |  |
|  | E           |   | expenditures in specific detail.)  |  | NO. OF<br>MILES    | WILLAG         |                   | TOLL | SONS        | LANE       |     |  |
| (a)  | (b)         | (c) FROM  | <del> </del>   | (d) TO   |                    |                | (-)               |      | (6)         | <i>(</i> : |     |  |
| (-)  | (1)         | (7)   | ,  | (6) 13   |                    | (f)            |                   | (g)  | (h)         | (i)        | )   |  |
|  |             |   |  |  |                    |                |                   |      |             |            |     |  |
|  |             |   |  |  |                    |                |                   |      |             |            |     |  |
|  |             |   |  |  |                    |                |                   |      |             |            |     |  |
|  |             |   |  |  |                    |                |                   | +    |             |            |     |  |
|  |             |   |  |  |                    |                |                   | +    |             |            |     |  |
|  |             |   |  |  |                    |                |                   | +    |             |            |     |  |
|  |             |   |  |  |                    |                |                   |      |             |            |     |  |
|  |             |   |  |  |                    |                |                   |      |             |            |     |  |
|  |             |   |  |  |                    |                |                   |      |             |            |     |  |
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|  |             |   |  |  |                    | [              |                   |      |             |            |     |  |
| If additional space is required continue on the back.  SUBTOTALS CARRIE BACK   |             |   | D FORWARD FROM THE   |  |                    |                |                   |      |             |            |     |  |
| 7. AMOU  | JNT CL      | AIMED (Total of cols. (f), (g) an   | nd (i).)   | TOTALS   |                    |                |                   |      |             |            |     |  |
| This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls |             |   | 10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. |  |                    |                |                   |      |             |            |     |  |
|  |             | e approving official must have been a<br>department or agency to so certify (3        |  |  | S                  | ign Origin     | al Only           |      |             |            |     |  |
| Sign Original Only   |             |   |  |  |                    |                |                   | DATE |             |            |     |  |
|  |             |   | ı  | CLAIMANT<br>SIGN HERE                              |                    |                |                   |      |             |            |     |  |
| DATE   |             |   |  | 11.  |                    | CASH PAYI      | MENT RECEIP       |      |             |            |     |  |
| APPROVING OFFICIAL SIGN HERE   |             |   |  | a. PAYEE (Signature) b. DATE RECEIVED              |                    |                |                   |      |             |            |     |  |
| 9. This claim is certified correct and proper for payment.   |             |   |  |  | c. AMOUNT          |                |                   |      |             |            |     |  |
| Sign Original Only   |             |   |  | \$   |                    |                |                   |      |             |            |     |  |
| OFFICER<br>SIGN HERE   |             |   | DATE   | 12. PAYMENT MADE<br>BY CHECK NO.                   |                    |                |                   |      |             |            |     |  |

OFFICER SIGN HERE

ACCOUNTING CLASSIFICATION

## 6. EXPENDITURES - Continued

| DATE | Show appropriate code in col. (b): |   |   |           | AMOUNT CLAIMED |                 |              |                                |  |  |
|------|------------------------------------|---|---|-----------|----------------|-----------------|--------------|--------------------------------|--|--|
|      | CODE                               | Show appropriate code in col. (b):  A - Local travel  B - Telephone or telegraph, or  C - Other expenses (itemized)  (Explain expenditures in specific detail.) |   |           |                |                 | ADD          | TIPS AND<br>MISCEL-<br>LANEOUS |  |  |
| 19   | Ĕ                                  |   |   |           | MILEAGE        | FARE<br>OR TOLL | PER-<br>SONS |                                |  |  |
| (a)  | (b)                                | (c) FROM  | (d) TO                                    | MILES (e) | (f)            | (g)             | (h)          | (i)                            |  |  |
|      |                                    |   |   |           |                |                 |              |                                |  |  |
| =    |                                    |   |   |           |                |                 |              |                                |  |  |
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|      |                                    |   |   |           | <u>'</u>       | <u>'</u>        |              |                                |  |  |
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|      |                                    |   |   |           |                |                 |              |                                |  |  |
|      | 1                                  | Total each colum  | nn and enter on the front, subtotal line. |           |                |                 |              |                                |  |  |
|      |                                    | the Privacy Act of 1974, the following inform   |   |           | <u> </u>       |                 |              | <u> </u>                       |  |  |

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Governent. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested reimbursement.